

POSITION	ID NO.	DATE
CLASSIFIER	10	10-6-95
EXAMINER	230	10-10-95
TYPIST	343	10-11-95
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final Original	
1 1	3/6/97
2 2	6/6/97
3 3	
4 4	
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SYMBOLS

- ✓ Rejected
- Allowed
- (Through numeral) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
Final Original	
51 51	3/6/97
52 52	6/6/97
53 53	
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58 58	
59 59	
60 60	
61 61	
62 62	
63 63	
64 64	
65 65	
66 66	
67 67	
68 68	
69 69	✓
70 70	✓
71 71	✓
72 72	✓
73 73	✓
74 74	✓
75 75	✓
76 76	✓
77 77	✓
78 78	✓
79 79	✓
80 80	✓
81 81	✓
82 82	✓
83 83	✓
84 84	✓
85 85	✓
86 86	✓
87 87	✓
88 88	✓
89 89	✓
90 90	✓
91 91	✓
92 92	✓
93 93	✓
94 94	✓
95 95	✓
96 96	✓
97 97	✓
98 98	✓
99 99	✓
100 100	✓

INDEX OF CLAIMS

Claim		Date									
Final	Original										
101	101	✓									
102	102	✓									
103	103	✓									
104	104	0									
105	105	0									
106	106	✓									
107	107	0									
108	108	✓									
109	109	0									
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111	111	✓									
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115	115	✓									
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Claim		Date									
Final	Original										
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